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JC929 U.S. PTO

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PTO/SB/50 (02-01)
Approved for use through 01/31/2004 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	10622.6802	
	First Named Inventor	ALTMAN	
	Original Patent Number	6,012,171	
	Original Patent Issue Date (Month/Day/Year)	January 11, 2000	
	Express Mail Label No.	EL 933986957 US	
APPLICATION FOR REISSUE OF: (Check applicable box)			
<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <small>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</small> 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, check applicable box(es))</small> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 17. Other:	
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Form (CFR) Specification Sequence Listing on: <ul style="list-style-type: none"> <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or <input type="checkbox"/> paper <input type="checkbox"/> Statements verifying identity of above copies 			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or attach bar code/label here)</small>		<input type="checkbox"/> Correspondence address below	
Name	DANIEL S. POLLEY, ESQ.		
Address	MALIN, HALY & DiMAGGIO, P.A.		
City	1936 SOUTH ANDREWS AVENUE	Zip Code 33316	
Country	FL	Fax (954) 522-6507	
State			
Telephone	(954) 763-3303		
NAME (Print/Type)	DANIEL S. POLLEY	Registration No (Attorney/Agent)	34,902
Signature	Daniel Polley	Date	January 3, 2002

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AJ REISSUE

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$ 0 =	0	or	x \$ _____ =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 2 =	x \$ 42 =	84		x \$ _____ =
							\$ _____
				Basic Fee (37 CFR 1.16(h))	\$370		
				Total Filing Fee	\$454	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***		*****	=	x \$ _____ =			
					Total Additional Fee	\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-1130.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 454.00 to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 3, 2002

Date

Signature of Applicant, Attorney or Agent of Record

DANIEL S. POLLEY, REG. 34,902

Typed or printed name

Serial No.: TO BE ASSIGNED

PA: APPARATUS FOR PROTECTION DURING
THE USE OF HAIR DYE OF COLORING

File Number: 10622.6802

CERTIFICATE OF EXPRESS MAIL

I HEREBY CERTIFY that the following correspondence: REISSUE PATENT APPLICATION; COPY OF PATENT; TRANSMITTAL LETTER; EXECUTED REISSUE OATH/DECLARATION; CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT; STATEMENT OF LOSS; FEE TRANSMITTAL FORM; CHECK IN THE AMOUNT OF \$454.00 FOR THE FILING FEE; POWER OF ATTORNEY; PRELIMINARY AMENDMENT and RETURN POSTCARD FOR CONFIRMATION OF RECEIPT; is being deposited with the United States Postal Service as Express Mail No. EL 933986957 US, addressed to: Commissioner of Patents and Trademarks, BOX REISSUE, Washington, D.C. 20231, on this 3rd day of January, 2002.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

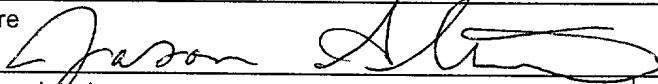
Any additional charges, including extension of time, please bill our Account No. 13-1130.

Betty Bernal

Betty Bernal, Paralegal
Date: 01/03/02

MALIN, HALEY & DiMAGGIO, P.A.
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Fort Lauderdale, Florida 33316
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REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT		Docket Number (Optional) 10622.6802
<p>I hereby state that:</p> <p>I am the applicant for a reissue patent based on the original patent identified below.</p>		
Name of Inventor(s)/Assignee(s) JASON S. ALTMAN		
Patent Number 6,012,171		
Title of Invention APPARATUS FOR PROTECTION DURING THE USE OF HAIR DYE OR COLORING		
Reissue application number (if known)		
<p>The ribboned original patent grant is lost or inaccessible.</p>		
Signature 		
Typed or printed name JASON S. ALTMAN		Date 12-21-01
Title (e.g. inventor(s), officer of assignee) INVENTOR		

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